



3763 IFW  
81844.0032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

HOGAN MIKI, et al.

Serial No: 10/520,236

Filed: January 4, 2005

For: SUCTION CATHETER

Art Unit: 3763

Examiner: Loan H. Thank

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
May 5, 2006

Date of Deposit

Rebecca Maiden

Name

Rebecca Maiden

05/05/06

Signature

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-20	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	1	-3	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50- SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$-0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

DARIUSH G. ADLI

Registration No. 51,386

Attorney for Applicant(s)

Date: May 5, 2006

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Appl. No. 10/520,236  
Amdt. Dated May 5, 2006  
Reply to Office Action of February 10, 2006

Attorney Docket No. 81844.0032  
Customer No.: 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Shogo Miki  
Serial No: 10/520,236  
Confirmation No.: 5109  
Filed: January 4, 2005  
For: SUCTION CATHETER

Art Unit: 3763

Examiner: Loan H. Thanh

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May 5, 2006

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Rebecca Maiden

Name

*Rebecca Maiden*

Signature

05/05/06

Date

**RESPONSE**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 10, 2006, please amend the above-referenced application as follows:

**Amendments** to the claims are reflected in the Listing of Claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.